Statement of Dissolution FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

FILED

JUL 27 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

FORM REVISED 9.2.2011

Please Print in Ink or Type.	Report Status (check one)
Name of Candidate or Elected Official, or Political Committee	No report required because I have had no activity since the last reporting period
11m /CAMSel	Termination report attached
Office Sought or Held (include district or circuit number, if applicable)	
Council Member Address Check box if reporting new address	Note: If you have had activity since the last report
	filed, you are responsible for filing the
City State ZIP Code Telephone Number	requisite Annual Report covering the last year of activity. However, the submission of a
399 Cance Creck 28 City State ZIP Code Telephone Number A (35506 256 390 4023	Termination Report along with the Statement of Dissolution will satisfy this requirement.
	or Dissolution will satisfy this requirement.
This statement dissolves the above-named Principal Campaign Commi	
the 26 day of 524 in	the year 201/
ule uay of III	ine year <u>2016</u> .
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Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds sha	Il be disposed of in the following
manner:	
	
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As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.	
	11 7 27-1/
Signature of Candidate or Elected Official	7-27-/6

Treasurer of Political Committee